

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033071

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 254

Primary Registration District No. 5877

Registrar's No. 50

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0750

2 0750

3

4 0

5 2

6

7 0

8 0

9 331 X

10

11

12 90-2

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 11 1963

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Piney</b>		c. CITY OR TOWN <b>Alton</b>	
Length of stay in 1b <b>5 years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alton Route</b>		d. STREET ADDRESS (If outside, give location) <b>Route</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Benjamin</b> Last <b>Parrott</b>		4. DATE OF DEATH Month <b>September</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-3-1874</b>
9. AGE (last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Oregon Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Jesse Parrott</b>		13b. MOTHER'S MAIDEN NAME <b>Polly Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>Ellen Dotson Parrott</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Gib Parrott Alton, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C.V.A. (complete)</b> Essential hypertension Senile Body Changes DUE TO (b) <b>Essential hypertension</b> DUE TO (c) <b>Senile Body Changes</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:45</b> a.m. Month, Day, Year <b>9-5-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Alton Oregon Missouri</b>		20f. CITY, TOWN, OR LOCATION <b>Alton Oregon Missouri</b>	
21. I attended the deceased from <b>5-15-50</b> to <b>9-4-63</b> and last saw him alive on <b>9-3-63</b> Death occurred at <b>6:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or Title) <b>D.O.</b>	
22b. ADDRESS <b>Alton, Mo.</b>		22c. DATE SIGNED <b>9-5-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/6/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazleton Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Oregon County, Missouri</b>
24. FUNERAL DIRECTOR <b>Carter Funeral Home Thayer, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-6-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		27. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Herman R. Dupont*

Licensed Embalmer No.

*965 Rk.*

P. O. Address

*Thayer Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial Permit Attended 9-6-63